No. **W 80649**	**Reinstatement Annual Report Form** **ADMIN DISSOLVED 01/09/2014**	2. Registered Agent and Office **(NOT A P.O. BOX)**

No. W 80649

Return to:

SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

REINSTATEMENT FEE
DUE: **$30.00**

Reinstatement Annual Report Form
ADMIN DISSOLVED 01/09/2014

1. **Mailing Address: Correct in this box if needed.**

DEHOOG EQUIPMENT, LLC
~~IDAHO ESTATE PLANNING, PC~~
~~839 E WINDING CREEK DR. #102~~
~~EAGLE ID 83616~~

2. Registered Agent and Office **(NOT A P.O. BOX)**

Need to Appoint

Amy DeHoog
31156 Marker Rd
Parma ID 83660

3. New Registered Agent Signature.

Amy DeHoog

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☐ Member ☒	*Jacob DeHoog*	*31156 Marker Rd*	*Parma*	*ID*		*83660*
Manager ☐ Member ☒	*Amy DeHoog*	"	"	"	"	
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:

IDAHO
W 80649

6.

Signature: *Amy DeHoog*

Name (type or print): *Amy DeHoog*

Date: *3-6-14*

Title: *Member*

Issued 01/28/2014 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the